

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-4353.M2

MDR Tracking Number: M2-03-1330-01
IRO Certificate# 5259

July 9, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

This is a lady who ran from her place of employment escaping a robbery. She fell sustaining an injury to the hand in terms of two metacarpal fractures. These were treated. At follow-up several weeks later there were complaints of cervical spine pain. This was felt to be myofascial in nature and treated accordingly. Part of the evaluation included an imaging study, which noted a wholly normal examination, no pathology was identified. She was declared to be at maximum medical improvement and an impairment rating was assigned. Several weeks later this concurred with by a Designated Doctor. One year later she presented to the requestor with complaints of cervical spine pain. A diagnosis of myofascial pain was made. There were several attempts to obtain another imaging study. As part of this aspect of the evaluation, the original treating physician re-examined her. The physical examination reported was wholly normal. (This is in contradiction to the requestor who reported more of a radicular component.) There was a consultation assessment and the physical examination there was no more in line

with no specific objective findings, in accordance with ____ and I contravention with ____.

REQUESTED SERVICE (S)

Cervical Myelogram with CT scan.

DECISION

Denial Upheld.

RATIONALE/BASIS FOR DECISION

This was a lady who fell and sustained a fracture to the metacarpals. The original injury report did not reflect a cervical problem. This was only addressed several weeks later. The Cervical spine was evaluated and there was no sequale as a function of the original compensable event. The neck was treated. There was a declaration of maximum medical improvement and a gap in care of one year. The physical examination of the requestor differs from the subsequent physical examination provided by the original primary treating physician. Moreover, the original primary treating physician obtained a consultation from another physician and there was no notation of any reason to suspect a disc lesion, facet disease, or any pathology whatsoever. The only finding was a complaint of pain (Cervicalgia) and a "nonfocal neurologic examination" with a normal MRI. Clearly the sequale of the original compensable injury that extended to the cervical spine has been evaluated and treated. Any pathology in the form of a disc lesion is not a function of the original injury and thus, would not be reasonable and necessary to treat the injury.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 11th day of July 2003.